

MIDWEST DRAFT LEAGUE REGISTRATION

FALL 2020 - STARTS AUGUST 16TH

Player Name: _____ USA Hockey Registration: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Birthday: ____ / ____ / ____ M ____ F ____ Email Address: _____

Emergency Contact Other than Yourself: _____ Phone: _____

Medical Conditions, if any: _____

PAYMENT PLAN

You have the option to pay in full or include your credit card information. A \$30 late fee will be added to your account if you do not meet the payment deadline.

VISA MASTERCARD DISCOVER AMEX
Credit Card #: _____

\$175 is due by registration & \$125 is due by the 3rd week.

Expiration: _____ CVV: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating at MIDWEST TRAINING AND ICE CENTER, I represent that I understand the nature of this Activity and that I am qualified, in good health and in proper physical condition to participate in such Activity. I acknowledge that if I believe the Activity conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the Activity, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost and damages I incur as a result of my participation in this Activity.

I hereby release, discharge, and covenant not to sue Midwest Training and Ice Center, its respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "releasees" herein) from all liability, claims, demands, losses or damages, future agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save and hold harmless each of the releasees from any loss, liability, damage or cost which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name: _____ Date: _____

Signature of Participant: _____ Date: _____

MIDWEST WAIVER & AGREEMENT PART II: COVID ADDENDUM

As an Addendum to the Waiver you have previously signed with us as a member, you agree and understand the following: By entering this facility, you are aware that you agree to fully accept all known and unknown risks, including the potential risk of exposure to respiratory illnesses such as the coronavirus (COVID-19). The coronavirus is primarily transmitted via exhaled respiratory droplets, most often through coughing and sneezing. These droplets can travel up to six feet and are more commonly transmitted between persons rather than from equipment to persons.

Although we regularly sanitize our equipment and presently are using enhanced cleaning methods and enforcing social distancing in our facility, you understand that you may be exposed to the coronavirus or its symptoms through no fault of our own. Known coronavirus symptoms include fever, coughing, shortness of breath, pneumonia, kidney failure, and may include other symptoms, stroke or even death (collectively "Symptoms").

You understand and agree that you will hold us harmless and you will not hold us liable for any real or perceived Symptoms of COVID-19 or any other disease, illness, or condition, nor for exacerbating any existing symptoms, and you fully agree to accept all risks of entering the facility, using the equipment, working with personal trainers, attending classes, and/or interacting or being exposed to other members.

Printed Name: _____ Date: _____

Signature of Participant: _____ Date: _____

Midwest Training and Ice Center
10600 White Oak Ave. Dyer, IN 46322 | 219-558-8811



Office Notes